



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH DYER

City of Hospital: Dyer

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Akeisha King

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Medicare Provider Number: 15-0090

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$286170011
Outpatient Patient Service Revenue	\$330115105
Total Gross Patient Service Revenue	\$616285116

2. Deductions From Revenue

Contractual Allowance	\$440030378
Other Deductions	\$13806615
Total Deductions	\$453836993

3. Total Operating Revenue

Net Patient Service Revenue	\$162448123
Other Operating Revenue	\$7076940
Total Operating Revenue	\$169525063

4. Operating Expenses

Salaries and Wages	\$74839535	Employee Benefits	\$19953420
Depreciation and Amortization	\$11409513	Interest Expense	\$3531474
Bad Debt	\$682879	Other Expenses	\$64652405
Total Operating Expenses	\$175069226		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5544163	Total Assets	\$136983872
Net Non-operating Gains over Loss	\$2564900	Total Liabilities	\$87605209

Total Net Gains	\$-2979263
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$302749628	\$239845118	\$62904510
Medicaid	\$112870363	\$89257264	\$23613099
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$200665125	\$110927995	\$89737130
Total	\$616285116	\$440030377	\$176254739

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$100	\$-100

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$7846	\$-7846
Hospital Patients	\$0	\$211354	\$-211354
Community Education	\$0	\$1313192	\$-1313192

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	4620
Number of Citizens Exposed to Health Education Messages	10660

Statement Six: Charity Statement

Hospital Charity Charges	\$13806615
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3328792	
HCI Payments	\$0		
Subtotal	\$0	\$3328792	\$-3328792
Medicaid Shortfalls	\$16152266	\$25037675	
Subtotal	\$16152266	\$28366467	\$-12214201
DSH Payments	\$0		
Subtotal	\$16152266	\$28366467	\$-12214201
Medicare Shortfalls	\$10728256	\$13416442	
Other Government Programs	\$0	\$0	
Total	\$26880522	\$41782909	\$-14902387

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$81029636	\$117741501	\$-36711865
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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